

Frequently Asked Questions

28 April 2020

We know that this is a distressing time for fertility patients and that many of you have a lot of unanswered questions about the decisions that were taken to stop fertility treatment and that you are keen to know when clinics will reopen and treatment restart.

We have produced these questions and answers to help to explain some of the thinking behind our decision to stop treatment and our plans for reopening clinics as soon as possible.

We will update these FAQ's when we get more information and make new decisions. We will keep you updated via our website, Twitter and Facebook.

1. Why did the HFEA make the decision to suspend treatment?

Due to the COVID-19 pandemic and Government advice, we took the difficult decision to instruct clinics not start any new treatments and to complete any ongoing treatments by 15 April 2020.

This was the most difficult decision we have taken in our 30-year history. Taking the advice of the UK professional fertility bodies, whose US, European and Australian colleagues advised a similar approach, we decided it was a necessary response to an extraordinary situation.

Our decision was based on several factors including the guidance from the UK professional fertility organisations and the staffing situation in clinics. The COVID-19 pandemic meant that some clinics had reduced staffing levels following the redeployment of staff, reduced anaesthetist cover and staff being unable to work if they are self-isolating or unwell. It was also made in line with the Government advice to 'stay at home' in order to minimise the spread of the virus and reduce the impact on the NHS. Clinics must be able to provide a safe service for patients and a safe working environment for their staff.

You will know that it was not only fertility services that were categorised as non-urgent. The NHS took the decision to cease all non-emergency surgery by 15 April and most private hospitals took the same decision.

2. What is the current situation?

We are working closely with clinics, patient and professional organisations to put plans in place to allow people to resume safe treatment as soon as possible. We are monitoring the government advice daily and our Board is meeting weekly to consider the options for restarting treatment as soon as possible, in line with the most up to date government guidelines.

3. Who will make the decision for clinics to reopen?

The HFEA will make the decision on when clinics can reopen. Our Board met on 21 April to discuss what needs to happen before clinics can reopen and what criteria need to be satisfied to make this happen. These criteria were published.

We are meeting again this week to consider the latest guidance issued by the UK, European and American Professional bodies. We need to be assured that clinics can provide a safe service to patients, a safe working environment for clinic staff, and that the resumption of treatment is in line with the latest government advice.

4. What do clinics need to do before they can reopen?

When the HFEA makes the decision for clinics to restart treatment, our inspection team will work with clinics to ensure they have plans in place to meet all the criteria. The most important thing is that they can provide a safe service to patients and a safe working environment for clinic staff. We are working with clinics on their plans now, so that they are ready to reopen as soon as the decision is made.

5. Can clinics offer diagnostic services, such as blood tests or semen analyses before the formal instruction to restart treatments is made

The restriction on treatments prevents clinics undertaking treatment services (i.e. medical, surgical or obstetric services provided for the purpose of assisting women to carry children). Clinics would only be able to offer diagnostic services if they could do so within the wider lockdown instructions, such as avoiding unnecessary travel.

6. When clinics reopen will they prioritise particular groups of patients?

Once the HFEA have directed clinics that they can resume treatment services, it will be up to individual clinics to decide which treatments are to resume and when. Clinics will be holding waiting lists of patients whose cycles had to be cancelled or who could not start planned treatment. We understand that unless there are exceptional circumstances, most clinics will be carrying on where they left off in terms of who they will offer treatment to and will be in touch to let those people know what to expect.

7. I'm not on any clinic's waiting list but was hoping to start treatment soon. What can I do?

Most clinics are offering telephone or video initial consultations and we suggest if you haven't yet chosen your clinic, you visit the 'Choose a Fertility Clinic' section of our website to help you do this. You can then get in touch with your chosen clinic to find out more.

8. I need further NHS investigations e.g. a laparoscopy or surgical sperm retrieval. What will happen about these procedures?

Currently we don't have any information about when routine NHS procedures will recommence. Unfortunately, there is likely to be a longer wait for these services as there will be a back log.

9. We're nearing the 10-year storage limit for our eggs/sperm/embryos. Will we still be able to use them if we don't have treatment before our storage expires?

The Government has confirmed that the current 10-year storage limit for embryos and gametes will be extended by two years. This means that patients who have stored sperm, eggs or embryos that are reaching the 10-year storage limit will not be penalised by the current suspension of fertility treatment due to the COVID-19 pandemic.

We will be issuing new guidance to fertility clinics to support them in implementing the new storage limit extension.

10. What if I don't want to have treatment because of the risk of contracting COVID-19 or the lack of information on any adverse effects for women who contract the virus during pregnancy?

Any risks about the impact of COVID-19 on pregnancy have been considered by the Royal College of Obstetricians and Gynaecologists (RCOG) who have regularly updated their guidance. This would be taken into consideration by your clinic before treatment is started. Patients would need to actively consent to having treatment whilst there is a risk that they could contract COVID-19 either during the treatment or if successful, during pregnancy.

11. When clinics reopen how will they keep patients safe?

Our priority and that of the clinics is the safety of patients, their gametes and embryos and of clinic staff. We need to be assured that clinics have processes in place to ensure all of these before they reopen. These may include adhering to social distancing measures, using PPE, providing clinic staff with access to COVID-19 tests and providing counselling and emotional support to patients.

12. Will I still be eligible for NHS funding if my treatment was delayed due to COVID-19?

Whilst we have no remit over funding, we hope that those relying on NHS funding will be allowed to continue their treatment as they expected. We know that the devolved governments of Scotland, Wales and Northern Ireland have committed to ensure that patients are not disadvantaged by the pandemic. The situation has yet to be clarified in England where the patient charity Fertility Network UK is actively trying to ascertain the situation.